



# Commonwealth of Massachusetts

## Board of Building Regulations & Standards

### The Building Official Certification Committee's Application for Continuing Education Credit Attachment B (2018)

Email to: [Kimberly.spencer@mass.gov](mailto:Kimberly.spencer@mass.gov); Fax to: 617-248-0813; or mail to 1000 Washington St, Suite 710, MA 02118

**Purpose:** This application shall be used by an individual or organization:

1. seeking continuing education credit for training as defined in the Building Official Certification Committee's policy for maintenance of certification, or
2. seeking continuing education credit for programs or courses of study offered by an approved code enforcement, certification or licensing agency, an accredited academic institution, or an approved professional organization.

Please submit within 30 days of completion of training

#### **Part One:**

Name of Applicant: \_\_\_\_\_ Address of Applicant: \_\_\_\_\_  
(No. & Street)(City or Town)(State)(Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Part Two:**

Applicant seeks credit for: Continuing Education Training completed in (name of state\*) \_\_\_\_\_

**\*Signature of Instructor:** \_\_\_\_\_  
(for individuals attending continuing education in a state **OTHER** than Massachusetts)

Name of sponsor\*\*: \_\_\_\_\_

Address of Sponsor : \_\_\_\_\_  
(No. & Street) (City or Town)(State)(Zip Code)

Give the title and a brief description of the subject matter to be covered in the Special Seminar or program, or course of study: (If a program syllabus is available, please provide as part of this application along with any certificates received)

\_\_\_\_\_  
Title of Training Course

\_\_\_\_\_  
Brief description if syllabus or outline not provided

Dates and times of Continuing Education Training: \_\_\_\_\_

Cumulative number of hours covered by the Training: \_\_\_\_\_

\_\_\_\_\_  
(Cumulative number of hours)

\_\_\_\_\_  
(Lunch/Dinner Break, if applicable)

\_\_\_\_\_  
(Other Breaks, if applicable)

#### **Part Three:**

**Affidavit:** I do solemnly swear that the answers given by me on this application and the information contained on all attachments are the truth and are complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\* Approved by the Building Official Certification Committee under procedures established for such purpose.

\*\* The organization offering the Special Seminar or program, or course of study.

Date / Vote of Committee: \_\_\_\_\_ Course Number/Contact Hours/Category: \_\_\_\_\_